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# HARVARD MEDICAL ALUMNI BULLETIN

THE FUTURE OF MEDICINE

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MEDICAL EDUCATION AT  
CAMBRIDGE UNIVERSITY



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*October, 1936*

# Continued Clinical Evidence

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(J. A. M. A., 106:1085, Mar. 28, 1936.)



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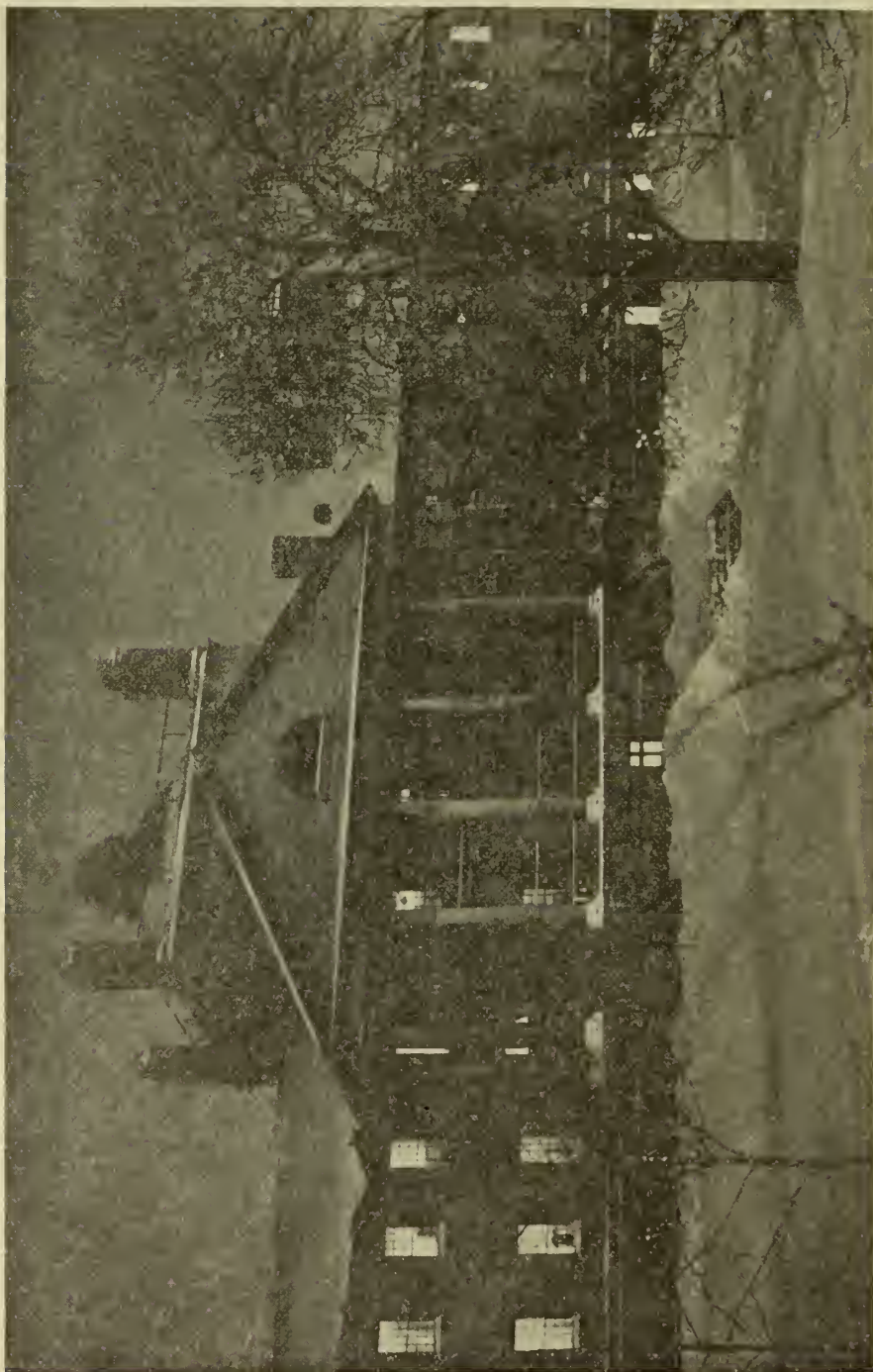
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## The Future of Medicine

Alan Gregg '16.

In America we regard Time as an enemy, in other parts of the world it is trusted as an ally. We try to eliminate it—deprecating its demands. In other countries they have learned there are advantages in an affectionate understanding of Time. In the making, say, of liquor they make friendly use of Time, or in works of art, or human institutions and in the art of living generally.

And now in the very country where the word "fossil" is an opprobrious epithet, we are suddenly tripping upon the pronunciation of a new word "Tercentenary," and are hurriedly obliged to concoct such consolations and distill such virtues as there may be in three hundred years of Time—Time, Public Enemy Number One in these Benighted States.

To the credit of Tercentenary celebrations be it said that they can protect us from a sort of parochialism or provincialism in Time just as travel (accompanied by grace of spirit) mitigates provincialism of Region. Due to provincialism in Time we rather fancy ourselves for being modern and boast of the present chauvinistically. But the contemplation of periods as formidable and intervals as spacious as three hundred years is sure to overwhelm such silly pride in the present. It intimidates us. It accentuates the regrettable mortality of the individual unless we be permitted to invoke considerations equally impressive by thinking of the Future—the Future which *volens volens* we influence by what we omit or commit, and so at least approximate a permanence denied to all flesh. And so in a week when the elders are gazing upon Clío, the Muse of His-

tory, with such enthusiasm as to make her sympathize with Susannah, let us console and protect ourselves by looking away to the Future.

Now it is a characteristic of American thought to assume that the Future will be better than the Present or the Past. We focus attention exclusively upon the future by the simple but effective expedient of rendering the present unendurable through sacrifices of its joys and postponements of its pleasures to a time we shall not see. Or the alternative, now very popular, of making the Present so recklessly agreeable that we dare not think of a Future any less handsomely reassuring. Chesterton remarks that they stoned the false prophets but they could have stoned the true prophets with a greater and juster enjoyment. So with due discount of our native and exuberant optimism, let us coldly state that the Future has but two certainties about it: one, that it will come, and two, that it will be composed in part, as is every period, of what has preceded it. These are the certainties—all else is surmise. And were this speech a model of reticence and prudence all reference to the Future would cease here.

But nonetheless, let us exchange some surmises on the Future of Medicine. It will be influenced by four kinds of factors, not in their simple sum, but by something more like their product than their aggregate.

First, medicine will change with the emergence of new knowledge from observation, experiment and fresh hypotheses.

Second, medicine will be conditioned by the kind of men who go into the practice

and teaching of it, and therefore by the criteria used presently in their recruitment and selection.

Third, medicine will be influenced profoundly by the social order of the future, and by the way doctors regard the society of which they are a part, and by the way society regards disease and doctors, their services and their institutions. This is the social and economic matrix of the profession and is none the less important for being complicated, changeable and lending itself but poorly to verbal display.

Fourth, let us admit, even if we cannot describe, the rôle the unforeseen may play in the future of medicine. By definition the unpredictable escapes anticipation and consequently not much can be said about it, unless one may venture the guess that medicine may expect the unexpected in strange guise and from queer quarters—sometimes enchanting, often irritating, sometimes obvious but occasionally insidious to the point of being—not even medical.

Now to return to the first of these categories, let us describe a few and only a few of the directions in which change will follow new knowledge to come.

In contrast to the last half century when such tremendous advantage has lain in the recognition of many diseases as generically a response to an invading organism, it would seem likely that the next 50 years may witness advance in other directions. The advancement of knowledge is gradual and particulate. The totality that is a human being has been divided for study into parts and systems: one cannot decry the method but one is not obliged to remain satisfied with its results alone. What brings and keeps our several organs and numerous functions in harmony and federation? And what has medicine to say of the facile separation of "mind" from "body"? What makes an individual what the word implies—not divided? The need for more knowledge here is of an excruciating obviousness. But more than mere need there is a foreshadowing of changes to come.

Psychiatry is astir, neurophysiology is crescent, neurosurgery flourishes, and a star still hangs over the cradle of endocrinology. But we are in sore need of clinical neurologists, and nowhere in the world is the calibre or training of recruits to psychiatry equal to the need. Contributions from other fields are to seek from psychology, cultural anthropology, sociology and philosophy as well as from chemistry and physics and internal medicine to resolve the dichotomy of mind and body left us by Descartes.

Next we may expect a future radically influenced by further knowledge of reproduction—the phenomena of sex, of the renewal of populations, a better control of the dangers of pregnancy and parturition, and especially the application to man of gradually extending knowledge of genetics and heredity. From few fields of medicine will come knowledge of so great an eventual import to mankind, and in few fields will progress encounter so chequered a resistance or involve more stubborn taboos. Here help is to come first from biology, from anthropology, from sociology, and perhaps from biography and genealogy far more carefully recorded. Closely linked—perhaps indeed falsely separated from research in human heredity—is the study of constitution. We have been remiss in this country in our relative indifference to this approach to the study of the individual and to the potential rôle of genetic linkage as an explanation of phenomena which are constantly found together but not related as cause and effect.

In another direction one may presume the likelihood of change. Medicine will gain immensely by a more widespread and tenacious study of the natural history of disease. We relinquish too much of our curiosity and attack once the diagnosis is made. Chronic disabling disease—the most feasible but not the only material for long continued study—exists in plenty. In some crowded countries disabling diseases are held more important to control than deadly infections—and for a clear if not a

rosy reason. If for no better a motive than the economic, medicine will soon be forced to devote more attention to the natural history of disease, and in this subject it is peculiarly the task of medicine to set its own house in order, nor wait for pressure or guidance from critics.

Of recent growth yet immense promise is the field of nutrition. What the last hundred years have brought in transport and preservation of food and the growth of industrial cities, nay countries, imposes by logic and by sad experience the absolute importance of a better knowledge of nutrition. Closely related is the study of growth and thence interest leads to the study of disordered or uncontrolled growth. Recent progress and sound opportunity in both these fields are quickening hope.

And now three subjects whose status may well disturb us—pharmacology, legal medicine and dermatology. The present recruitment to pharmacology in America is not promising. The support of legal medicine as a subject is unworthy and evasive. One has no pretty immediate future to envisage if the present disesteem and specious arguments are to prevail. And many a practitioner in this audience may add “and you haven’t mentioned therapeutics—a sort of free-martin in the clinic.” The case of dermatology is different. Precisely because the concepts and methods at present in force in medicine leave so much unsolved in dermatology it may be suspected that wider research in dermatology could bring much new knowledge to medicine. At any rate skin deep is deeper than we can fathom now.

In physiology lie laborious but rewarding careers in learning how to assess the fit-ness of the human being. What are the ranges of normal function? What is the more exact and profound meaning of the word “normal”? When and how can failure or breakdown be predicted? Here is a need whose fulfillment is now more and more urgently pressed upon us. This twig of physiology, the frail support of opinions and pronouncements regarding

what is normal, ergo abnormal, awaits a sure future in considerable present neglect.

Some day we shall use far more the abundant means of travel now available to study the incidence and nature of a given disease in different parts of the world. Geomedicine it has been called, and apart from its intrinsic merits, geomedicine will intensify our attention to the rôle not only of food and race but of temperature, humidity and barometric pressure on the incidence and course of disease and on the optimal conditions for health and happiness.

And now a speculative suggestion—at a time not too remote some few medical men may turn their attention inward to the study of their own processes of thought—of observation, of reasoning and of non-logical thinking—condemn it not!—a terrain full of pitfalls and funeral pyres but perhaps bearing hidden fruit reserved for deft philosophical fingers. For in studying the problem of the observer lies the likelihood of a closer approximation of the truth. And in nearly every field we may expect the most solid, acceptable and permanent contributions from chemistry and physics, as they too change in the future, to the solution of biological problems. This needs no elaboration but it deserves an emphasis which it would be rather difficult to exaggerate.

What can be said briefly of the teaching of medicine and the recruitment to the profession as they bear upon the Future? They will obviously affect it.

In teaching, the plethora of facts to be imparted to the student has created confusion, if not honest despair. It is not yet a commonplace, as it must some day be, that the students must learn more facts than a school can be expected to teach in its regular curriculum. Out of the present welter will come the calm if Spartan counsel that the teaching of medicine must be above all the teaching of how to learn medicine—the teaching of how to observe, experiment, reason and critically evaluate the experience of others through reading. Medical education is not a problem of



packing a steamer basket with assorted fruits and fancies, intellectual baggage sometimes known as impedimenta. With the hook and line of curiosity, the rifle of straight reasoning and the matches and salt of critical judgment, many a traveller has learned to live off the country of experience—and travelled the further thereby. Using important and illustrative diseases, experiments, and monographs as vehicles to instill methods and standards in observation, reasoning and reading, we shall in gradually increasing measure produce a graduate capable of going on by himself to master more than any school can teach in five years—and solemnly aware of the responsibilities implied by this form of education and of freedom.

The future will not be admirable until the procedure for the selection of professors and the promotion of juniors is substantially improved. The criteria for the choice should be more explicit, the canvass of candidates wider, the opinion consulted less local and so the decision more discriminating and deliberate than is now commonly the vogue. The procedure in Scandinavian countries is commended for comparison. And when if not in the future shall we fully realize that in most of medicine the example set by teachers is more important than their precepts or expositions?

It may be that some day we shall possess enough knowledge to subject students entering medicine to a sort of analysis or better a self-study which will result in the elimination of those students whose motives are ill considered, or but ill adjusted to the demands that will be made upon them. We should be able to make a more effective selection of students whose intellectual and emotional needs will be satisfied by the responsibilities of study and service to human beings and not by the exercise of arbitrary power or those varied imitations of virtue no doubt acceptable to fellow climbers on the trellis work of a commercialized society.

The third large category of factors in-

fluencing the future of medicine is its status in society—a complex product depending in considerable degree upon the accepted view of disease and of health. Sigerist has shown how the Hebrew, the Greek and the Christian interpretation of the meaning of disease determined some of the essential conditions for the growth of medicine. The Hebrews considered illness a form of divine punishment or retribution; the Greeks thought of it as a lack of harmony at times remediable but not admirable; the early Christians believed suffering a purification for the spirit and regarded the sick with something like admiration, awe and envy rather than fear, disgust, indifference, scorn. Changing quite clearly if only gradually we are in the earlier years of a new attitude: it derives from the concept that the pathological is a natural sequence of what we call etiological factors, factors either apart from the organism or preceding the disease process—but essentially separable and tangible as well as causative, and thus perhaps controllable. The direct corollary of this view is that health is not a supernatural blessing but a rational, natural state, a purchasable commodity or a prescriptive civil right, depending on how your society is organized. Exactly insofar as etiology is accurately known and disease can be controlled by impersonal and specific means, prevention and relief can be purchased privately, or publicly secured, or in some cases only received by public and general measures. That is the important thing for the future—this concept of health as something feasible, rational and right, and the transition from what is right to what are rights is so subtle and forceful and the social implications of many diseases are so obvious that the medicine of the future will have to reckon in increasing measure and without self pity with political, social, and economic forms and forces.

The earliest intimation of the ultimate boundaries of medicine are beautifully outlined in the words of Christ, "I am come that they might have life and have it more abundantly." From the study of human

genetics, and of nutrition, from the study of the human being as an indivisible unity, from grave consciousness of our obligations to society, and no doubt from unforeseen quarters will come knowledge that may make it possible not only to free the single life from much disharmony and disease, but to improve the stock and quality of human beings. Thus the very nature and future of man may become imperceptibly the great responsibility of medicine.

Now lastly for the rôle of the unforeseen in the future of medicine. If it be true that the only thing we learn from history is that we do not learn from history, it is vain to mention the rôle of the unpredictable. But there is a special reason for emphasis upon the unexpected when one speaks of the future to this audience. For can it not be one of the peculiar purposes of a university to give hospitality and welcome as well as criticism and fair trial to those

rare persons who feel new forces, find new truths and bear witness bravely, modestly and clearly before their beliefs are accepted or even acceptable? This is no rhetorical question for the universities. History shows that it is only by effort that venerable institutions can be kept doubtful and alert. It takes more than common consent to keep awake more than three hundred years. Can we afford to assume that there will be mobility of mind where the weight of opinion is most likely to accumulate, or intuitive sensitiveness where logic must be rigorous and revered? Where esteem is highest for facts proven and held to be final is it not fair to plead in the name of the future of medicine for alertness to truth not yet certain or established?

Now, Mr. President, may I return to you with gratitude the attention of this audience—and with apology for having made perhaps too much an ally of Time.

## Medical Education in Cambridge University

*By Francis Sargent Cheever, M.D. '36.*

Of the 4800 odd undergraduates in Cambridge University, an average number of about 700 are studying for medical degrees. These are scattered irregularly among the various colleges, Caius and Emmanuel having the most. To be eligible for the degrees of Bachelor of Medicine and Bachelor of Surgery, a man must have passed at least six years in the study of medicine, of which a minimum of three (technically nine terms) must be spent at Cambridge. The most common division of time is three years at Cambridge devoted to the preclinical sciences, and three years in one of the great London Hospitals: Guy's, St. Thomas', St. Bartholomew's, etc.; then a return to Cambridge to be examined before the final degree is awarded. Eighteen is the average age to matriculate at Cambridge; thus twenty-four is the age at which

most medical students finish their formal education.

At Cambridge the student must keep (that is be in residence) nine terms and pass examinations set by the University in Inorganic and Organic Chemistry, Physics and Biology. In many cases one or more, and sometimes all of these subjects may have been anticipated at preparatory school; if University qualifying examinations in these have been passed satisfactorily by the candidate before matriculation, he is exempted from further examinations in them. He must also obtain honors in the first part of a Natural Science Tripos. This consists of three subjects—each designed to occupy the student for the better part of an academic year if taken en bloc—chosen from the following: Inorganic and Organic Chemistry, Physics,

Zoölogy, Botany, Geology, Anatomy, Physiology, Biochemistry and Pathology (including Bacteriology). The last two are counted as half subjects. A candidate is almost sure to elect Anatomy and Physiology as two of his courses, but if he does not, he is compelled to pass "Qualifying Examinations" set by the University authorities in these subjects after having attended in the University or elsewhere courses of instruction in Anatomy and Physiology approved by the Faculty Board of Medicine. Before coming up for his final examination he must have attended in the University or elsewhere an approved course in Pharmacology and subsequently have passed the oral examination in Pharmacology in the University.

All this (with the occasional exception of Pharmacology) is designed to be accomplished before the candidate leaves Cambridge with his B.A. degree. While a minimum of three years must be spent at Cambridge, a man may within reason spend as long as he likes on these subjects, taking the examinations several times. Often if he has failed in but one subject he will prefer to go down to London to begin his clinical work, coming back to Cambridge at some time during the ensuing year in order to have another try at the examination. It is obvious that a man who has taken no Chemistry or Biology before entering the University will take longer than a man who has anticipated these subjects in school; in the former case the student will spend an extra year or perhaps even two at Cambridge. Another method of gaining additional instruction is to come up to Cambridge during the summer holidays to the so-called "Long Vac" Term, which might be compared to an undergraduate Harvard Summer School. These "Long Vac Terms" are quite popular with medical students, particularly because the recognized University course in Pharmacology is given at that time.

If a man shows interest and proficiency in any of the preclinical sciences he is encouraged to spend a fourth year at Cam-

bridge taking the second part of his Natural Sciences Tripos. This consists of a year's intensive work in one subject such as Anatomy, Physiology, Biochemistry or Pathology. As the group taking one of these subjects is small (rarely over ten) there is much individual instruction and often opportunity for advanced and original work.

During his three years in a London Hospital the student covers much the same ground as is included in the last two-and-one-half years of the Harvard Medical School. Relatively more time is spent on Infectious Diseases, Ophthalmology and Mental Diseases; and rather less on Pediatrics. In addition to his clinical work he must also "diligently attend a course of lectures with practical instruction in Pathology and Bacteriology," and act as a post mortem clerk for at least a month. This additional instruction in Pathology and Bacteriology compensates for the relatively short time spent on these subjects at Cambridge. His final examination is given in two parts, and may be taken either together or separately. The first part is composed of Surgery, Obstetrics and Gynecology; the second of Medicine (including Pediatrics, Neurology, Psychiatry and Preventive Medicine), Pathology and Pharmacology. These examinations which consist of both written and oral tests may be taken several times, or until they are passed. When this is accomplished the candidate hands in a thesis on an approved subject to the Regius Professor of Physic who then examines him orally on the subject. If the thesis is accepted the candidate then receives his degrees of Bachelor of Medicine and Bachelor of Surgery.

If a candidate so desires he may also sit for examinations set by the University of London, or by the "Examining Board in England of the Royal College of Physicians and the Royal College of Surgeons," each of which bodies awards Medical and Surgical Degrees licensing a man to practice. These examinations are considered less difficult and may be taken at the end



of two-and-a-half years of clinical work rather than three. They are therefore often tried by Cambridge men before they are eligible to sit for their own University examinations.

The Cambridge man may be qualified to practice within six years of leaving school as opposed to the eight years usually required by American students. Specialization begins earlier in England; a boy takes his University entrance examinations at the age of fifteen or sixteen and is then left with his last two years of school free for concentration in one field such as Classics, Modern Languages, Natural Sciences, etc. A certain proportion change their fields of concentration upon entering the University with the result that there is no uniformity of accomplishment among the freshmen enrolled as candidates for medical and surgical degrees. Such a situation demands a flexible system of instruction and accounts for the lack of regimentation among medical students while at Cambridge. Within certain bounds a man is allowed to set his own pace, the University having little interest in whether he takes six or eight years to complete his education, so long as he continues to pay his fees, and does not transgress any disciplinary regulations. This academic freedom is quite confusing at first to the American medical student who is accustomed to having 130 to 140 men go through four years of medical school as a body, taking the same examinations at the same time, and graduating on the same day. It is however in accordance with English University tradition—which puts the undergraduate much more on his own as regards his studies than is the custom in this country.

During the clinical years in London,

however, the situation is reversed; the fourth-year man at Harvard has more opportunity to specialize than does his contemporary in a London hospital. There is nothing in the English system to correspond to the tutorial group at Harvard, nor is there the same freedom of choice in dividing one's time between medicine and surgery; nor the opportunity to take extra work during the summer months. English clinical instruction is routine and prescribed for all students alike, the object being to educate men as general practitioners first, permitting specialization only after their formal education has been completed.

At present the line of demarcation between the preclinical and clinical subjects is a sharp one because of the absence of clinical facilities in Cambridge. This lack of correlation between the two divisions has long been regarded as a serious handicap, and in an effort to minimize it a full time research unit in clinical medicine has been established very recently at Cambridge under the direction of the Regius Professor of Physic in the University. On the one hand this Research Unit will have the use of clinical material furnished by the local hospital, on the other of laboratory facilities furnished by University departments of Biochemistry, Pathology and Bacteriology. By this means the student will be introduced to the clinical application of his preclinical knowledge, and to the study of the patient as an entity before leaving Cambridge.

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Francis S. Cheever spent his second year studying medicine in Emanuel College, Cambridge, England, on a Lionel de Jersey Harvard Studentship. He is the fifth generation to study medicine at Harvard and the son of David Cheever, '01 and the grandson of David W. Cheever, '58.

### THE TRICENTENARY CELEBRATION

Besides participating as units of the University in the three Tercentenary Days, September 16, 17 and 18, the Medical School and affiliated hospitals and the Alumni Association carried out the program which was outlined in detail in the June issue of the Bulletin. Throughout the summer, members of the faculty and hospital staffs received visitors. In many instances, there were especially prepared exhibits with those responsible at hand to elucidate them. During the morning of Monday, September 14, special programs were held at the school and hospitals, epitomizing recent work by members of the faculty. On the afternoon of this day, a symposium was held on Nutrition and the Deficiency Diseases, presided over by Dr. George R. Minot. At this meeting, President James B. Conant welcomed the Alumni, and Dr. David L. Edsall, Dean Emeritus, gave the introductory address. On the following day, symposia were held on The Nervous System, presided over by Dr. Walter B. Cannon; The Infectious Diseases, presided over by Dr. Hans Zinsser; and The Endocrine Glands, presided over by Dr. J. Howard Means.

Each day a buffet luncheon was held in Vanderbilt Hall, and on the afternoon of the first day, a tea was held on the terrace of the Medical School, given jointly by the School and the Alumni Association. There are no exact figures on the number attending the above meetings, but it is estimated that 600 were present at the first symposium.

The Annual Meeting of the Alumni Association preceded the dinner which was held at the Harvard Club on the evening of September 15. Dr. Edwin A. Locke, President of the Association, presided at the dinner and introduced to the gathering the following distinguished scholars, Tercentenary guests of the University, who were seated at the head table: Edgar Douglas Adrian, Joseph Barcroft, James Bertram Collip, Thomas Shirley Hele,

Pierre Marie Felix Janet, Carl Gustav Jung, Leopold Ruzicka, and Kiyoshi Shiga. Former Deans Henry A. Christian and David L. Edsall were also present. The speakers at the dinner comprised President James B. Conant, Roger I. Lee, '05, Channing Frothingham, '06, Dean C. Sidney Burwell, '19, Frank H. Lahey, '04, and Alan Gregg, '16, whose speech is reported above. Over 500 Alumni were present at the dinner, which was concluded by the singing of Fair Harvard. The Medical School's part in the Tercentenary Celebration was thus brought to a close, permitting the Alumni to attend the University Tercentenary Celebration on the three following days.

### THE GEORGE BURGESS McGRATH ENDOWMENT FOR LEGAL MEDICINE

At the Tercentenary Celebration, announcement was made of a gift to the University by Mrs. Frances Glessner Lee of the sum of \$250,000. This gift is to be known as "The George Burgess Magrath Endowment for Legal Medicine." It was stated that the gift, although long contemplated, was given at this time in recognition of the Three Hundredth Anniversary of the founding of Harvard College. It is believed that this gift will make possible much needed development in Legal Medicine. This important field of medicine has, up to this time, been less cultivated in the United States than in several other countries. It is a gratification to his many friends that the gift bears the name of Dr. George Burgess Magrath, a pioneer in the field.

### NEW COUNCIL MEMBERS

Herman A. Lawson, '24, Tracy B. Mallory, '21 and Richard H. Miller, '10 have been appointed Council members of the Harvard Medical Alumni Association to replace Thomas H. Lanman, '16, William B. Castle, '21 and Bancroft Wheeler, '24 whose terms expired this year.

## ASSOCIATION OFFICERS

Edwin A. Locke, *President*  
 Carl Binger, *Vice-President*  
 Charles L. Short, *Secretary*  
 Henry H. Faxon, *Treasurer*

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T. B. Mallory	R. H. Miller
R. B. Cattell	R. W. French
C. L. Short	A. Thorndike, Jr.

Conrad Wesselhoeft

## EDITOR

Charles L. Short

## BUSINESS MANAGER

Henry H. Faxon

*Room 111, Harvard Medical School  
 Boston, Mass.*

## SECRETARY'S ANNUAL REPORT

Five meetings of the Officers and Councillors of the Association have been held since the last annual meeting on June 3, 1935. One subject which has largely interested the Council has been the running of Vanderbilt Hall, toward which the Alumni Association has contributed this year by donating \$500 to be applied to the room rent of students wishing to live there. Upon learning that 33 rooms remained unoccupied this year in Vanderbilt Hall, compared with 20 last year, the Council appointed a committee, consisting of Drs. Thorndike, Faxon and Castle to investigate the situation. The report of this committee was submitted at a meeting at which Dr. Roger I. Lee, representing the Corporation of the University, Dean Burwell and Mr. Joseph Johnson, President of the Student's Association were present. Various suggestions were made for correcting the situation and curtailing rental losses, and the matter was left in Dean Burwell's hands.

At the same meeting, Dr. Hallowell Davis outlined the part to be played by the Medical School in the Tercentenary Celebration. The Council decided to cooperate in every way in the Celebration and ac-

cordingly voted to hold the annual meeting and dinner at that time.

After investigation by a committee, it was decided not to approve the proposal of a scheme for coöperative health and accident insurance to be issued only to Harvard Medical School Alumni or doctors sponsored by them.

The customary yearly dinner for the graduating class was held on May 28, with Dr. David Cheever, toastmaster. The speakers included Dr. Walter B. Cannon, Dr. Conrad Wesselhoeft, and Mr. Marshall Ruffin, president of the fourth year class.

It was decided to incorporate in the Bulletin as far as possible, reports of the School Administrative Board.

At the annual meeting three new Councillors are to be elected to succeed, for a period of three years, Drs. Castle, Lanman and Wheeler.

Dr. Charles L. Short was appointed secretary and editor, to carry out the unexpired term of Dr. Vernon P. Williams, who has moved to Baltimore.

Respectfully submitted,

VERNON P. WILLIAMS, M.D.,  
 Secretary.

## CLASS OF 1901

The 35th reunion was held at the Country Club, Brookline, Mass., June 25, 1936. Thirty-eight members were present at the luncheon which was followed by a few informal speeches, golf in the afternoon, and a dinner. Charles Tozier showed his interesting collection of colored lantern slides of scenery in America.

## THE EDWARD K. DUNHAM LECTURES

The Edward K. Dunham Lectures were given this year by Sir Frederick Gowland Hopkins, Professor of Biochemistry, University of Cambridge. His subject was "The Significance of Catalysis in Biology." The lectures, delivered on October 6 and 8 were "The catalytic equipment of microorganisms" and "The nature of biocatalytic systems in general."

## APPOINTMENTS

Henry R. Viets, '16, and Tracy J. Putnam, '20, have been chosen by the United States Department of Health to test the sanity of Federal prisoners in Boston whenever the courts deem it necessary.

## TREASURER'S REPORT

OCTOBER 1, 1935—OCTOBER 1, 1936.

*Receipts*

Appeals	\$2,518.43
Advertising	1,285.00
Tercentenary	933.20
Dinner to Dr. Edsall	638.71
Marriage Council	10.75
Council Dinner	6.15
Bulletin	2.20
	<hr/>
	\$5,394.44

*Expenditures*

Bulletin	\$1,336.94
Dinner to Dr. Edsall	637.70
Salary	514.26
Dinner to 4th-year class	153.65
Tercentenary	147.62
Appeals	76.06
Equipment and Supplies	56.35
Commencement Fee	50.00
Petty Cash	45.00
Council Dinner	21.15
Marriage Council	10.00
Telephone	5.95
Bank Charges	2.29
Vanderbilt Hall	500.00
	<hr/>
	\$3,556.97
Surplus October 1, 1936	\$1,837.47
Bank Balance October 1, 1935	1,263.18
	<hr/>
Bank Balance October 1, 1936	\$3,100.65

Note: The 1936 bank balance appears larger than a year ago as the bills for the Tercentenary Celebration were not paid until after October 1.

## THE STUDENT HEALTH SERVICE

The medical care of students at the Harvard Medical School and the Harvard School of Public Health was reorganized in the spring, 1936. The objects of this reorganization were to provide adequate medical care and hygiene for the students, to provide them with hospital or infirmary care which would meet at least the vast majority of students' needs, and (by setting an example) to teach the principles of the care of patients and the maintenance of health.

The medical care of students was therefore brought under the general direction of the Department of Hygiene of Harvard

University, of which Dr. Arlie V. Bock, the Oliver Professor of Hygiene, is the Director. Dr. Clark W. Heath has been appointed as Assistant Medical Adviser in charge of the health of medical students for the coming academic year. A well equipped office and laboratory have been established in the Medical School. There is close coöperation between this office and the Department of Hygiene in Cambridge and with the Department of Preventive Medicine in the Medical School. Each student is charged an annual medical and infirmary fee of \$20, as are other students of Harvard University. This entitles him to an examination by competent internists, to the care of the physician in charge of the Students Health Service, for ordinary medical, psychiatric, and minor surgical needs, and also to a certain amount of care at the Stillman Infirmary or in certain Boston hospitals.

In the first month of the operation of this plan, 187 students were examined, 197 visits were paid to the Medical Adviser, and 9 men were sent to the Stillman Infirmary or to one of the hospitals.

It is believed that this plan will result in very considerable benefits to the health of the students and that it will serve as an instructive and impressive demonstration as well.

## CLASS OF 1921

The 15th anniversary reunion luncheon was held at the Hotel Canterbury, Boston, on Tuesday, September 15, in connection with the Harvard Tercentenary activities. Those present were: J. G. Anderson, C. S. Bauman, C. B. Blaisdell, H. L. Blumgart, H. A. Bouve, R. M. Buck, R. K. Byers, W. B. Castle, C. A. Crumrine, J. A. Curran, J. J. Dunphy, W. W. Everett, D. Fisher, P. G. Haire, J. E. Hopkins, W. N. Hughes, S. G. Jones, V. H. Kazanjian, M. Lugitch, C. M. Lydon, T. B. Mallary, F. M. Miller, H. G. Noyes, T. F. O'Brien, H. M. Rees, L. E. Sutton, A. Thorndike, A. Thurman, J. H. Townsend, W. A. White, J. C. Whithorn, and P. D. Woodbridge.

The class officers have been asked to issue a biographical catalogue to date of the the members of the class, to be distributed to members at cost.



## BOOK REVIEW

*The Autonomic Nervous System: Anatomy, Physiology, and Surgical Treatment.* By James C. White, M.D. '23. New York: The Macmillan Company, 1935. XVIII + 386 pages.

The whole subject of surgery of the sympathetic nervous system is of comparatively recent origin. Except for rare reference in the literature, nothing of major importance is to be noted before the work of Leriche in 1913 on periarterial sympathectomy. For the next ten years investigations on the peripheral sympathetic system, particularly in relation to the arteries, were carried out by many workers.

In 1924 Hunter and Royle gave an added impetus to the subject by advocating section of the sympathetic rami for the reduction of excessive muscle tone in spastic paralysis. As White points out in his preface, "Although this treatment has not been generally accepted, its by-products have proved to be of extraordinary importance. After these operations they noted that coincident vasomotor paralysis caused a striking increase in the circulation to the extremities. This observation led to the present surgical treatment of Raynaud's disease and other types of vasomotor spasm by sympathetic ganglionectomy. Then in 1927 Wade and Royle also noted the increase in intestinal motility resulting from the removal of the inhibiting fibres to the sphincters of the lower bowel. This suggested an effective means of relieving otherwise intractable forms of megacolon. Leriche's publications and the visit of these two Australians to this country in 1924 have been largely responsible for the stimulation of American investigation in the surgical problems of the sympathetic nervous system."

Dr. White and his colleagues at the Massachusetts General Hospital have formed one of the active centers for advancement of our knowledge of the sympathetic nervous system and the relief of symptoms by surgical denervation. With a subject of such recent development it is obvious that

a monograph by a single author must consist largely of his own personal experiences with a review of the important literature. This Dr. White has done and has produced the best book on the subject up to the present time. Two other books of recent origin also report personal experiences, but neither volume covers the subject so widely as does Dr. White's. The complicated anatomy is carefully reviewed, followed by an excellent chapter on physiology. To those who are familiar with the subject Dr. White's researches are well known. Perhaps of most importance is his demonstration in the human of the reason for the failure of sympathectomy to relieve vasomotor spasm of the hands in certain cases of Raynaud's disease.

The conditions in man are similar to those described in rabbits by the Melzers in 1903, when they demonstrated after sympathectomy that the arteries in a rabbit's ear were intensely constricted by subcutaneous injections of adrenalin and remains so for hours, while the normal ear showed a distinct vasodilator response. The same phenomena occurs in man in a sympathectomized hand after destruction of the upper thoracic ganglia by alcohol injection. In the lumbar operation the post-ganglionic neurones to the foot are not all removed. On this basis one can explain why interruption of the vasoconstrictor pathways gives such strikingly better results in the lower than in the upper extremities.

Part II of the book deals with the improvement as the result of surgery of various diseased conditions, particularly those of the peripheral vascular type, painful extremities, angina pectoris, and dysfunctions of the gastrointestinal and urogenital tracts. Although experienced in all types of operations, the principal part of Dr. White's contribution lies in his wide experience in relation to diseases of the heart and aorta. A third section of the book deals with the technique of surgery.

Well illustrated by line drawings and a few photographs, with each chapter sup-

plied with references, this book should become the standard English publication in its field. Unfortunately, perhaps, for the author, the subject is advancing so rapidly that constant revision will be necessary. The book is already somewhat out of date, although only recently published. If one wishes, for instance, to find out how useful sympathectomy has proved to be in such conditions as hypertension, one finds here only a brief report on a few cases. Since the book was issued other authors have already reported on well over one hundred cases. This, of course, cannot be charged up against the author. It simply means that he will have to get out a new edition every year or two in order to keep up with this very active branch of medicine.

HENRY R. VIETS, M.D. '16.

#### HARVARD MEDICAL SCHOOL PRIZE SCHOLARSHIPS

At the Tercentenary Celebration, announcement was made of the establishment of Harvard Medical School Prize Scholarships. These scholarships were established on the principles governing the Harvard National Scholarships, which were designated by President Conant as one of the major objectives of the Tercentenary Fund. It is hoped that these will make it possible for young men of outstanding ability and promise to come to the Harvard Medical School. One or two Harvard Medical School Prize Scholarships will be offered in 1937 to men entering the First Year Class.

The offer of these scholarships is made possible by the generous gifts of Mr. Edward S. Harkness and Dr. Daniel F. Jones. The donors express the hope that through these scholarships superior men who would otherwise not receive a medical education will be able to attend the Harvard Medical School. They also express the hope that some of these men will wish to return to their own communities to carry on the practice of medicine and

thus strengthen the usefulness of the Harvard Medical School as an institution with national influence.

These scholarships will carry a stipend sufficiently large, if necessary, to meet all the student's essential expenses. Since they are regarded as prizes to be competed for by all students whatever their financial circumstances, the stipend will vary from a minimum of \$100 to a maximum of \$1,000, depending on the financial resources of the recipient. Holders of the scholarships who maintain, during their first year, a high honor record at the Medical School will continue to hold these scholarships throughout the Medical School course.

#### APPOINTMENTS

Reginald Fitz, '09, University Marshal at Harvard, who resigned last year as Associate Professor of Medicine at the Harvard Medical School in order to take over the duties of director of the Evans Memorial in Boston, has been appointed lecturer on the history of medicine at the Harvard Medical School for three years.

Alfred Oscar Ludwig, '30, Assistant in Medicine for academic year 1936-37.

Saul Hertz, '29, Assistant in Medicine and Henry P. Walcott Fellow in Clinical Medicine for academic year 1936-37.

Robert Putnam Goodkind, '29, Research Fellow in Pediatrics and in Psychiatry for academic year 1936-37.

Robert Sidney Schwab, '31, Assistant in Psychiatry, from September 1, 1936 to January 1, 1937, at Boston Psychopathic Hospital; Assistant in Neurology, from January 1 to September 7, 1937.

Warren Elwell Wheeler, '33, Assistant in Pediatrics for academic year 1936-37.

Benjamin Vroom White, Jr., '34, Research Fellow in Psychiatry for academic year 1936-37.



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### NECROLOGY

'77—FRANCIS HENRY WILLIAMS died at Boston, Mass., June 22, 1936.

'81-82—STEWART McKEE died at Leavenworth, Kan., May 5, 1936.

'86—EDWIN WARREN BULLOCK died at Somerville, Mass., July 7, 1936.

'86—WILLIAM WOOLDREDGE DODGE died at Hamilton, Mass., August 12, 1936.

'87—MICHAEL FRANCIS FALLON died at Worcester, Mass., June 24, 1936.

'98—CHARLES EDWARD RYDER died at Brooklyn, N. Y., January 10, 1936.

'99—HEBER HOWE CLEVELAND died at Springfield, Mass., June 17, 1936.

'02—ROBERT ASTLEY RICE died at Fitchburg, Mass., June 13, 1936.

'13—MITCHELL SISSON died at Brookline, Mass., June 1, 1936.

### ALUMNI NOTES

'87—Howard Lilienthal was unanimously elected surgeon-general of the Military Order of the World War at its recent convention in West Point.

'90—George W. Kaan of Sharon, Mass., has been elected treasurer for the thirtieth consecutive year of the Norfolk District Medical Society.

'91—John B. Blake has been appointed by Gov. Curley of Massachusetts a trustee of the Monson State Hospital for Epileptics, Palmer, Mass.

'92—Charles E. Mongan, of Somerville, has been reelected president of the Massachusetts Medical Society.

'96—The address of John W. Cummin is 416 Marlboro St., Boston.

'00—Arthur T. Legg was married recently to Miss Marie L. Robinson, of Brookline, Mass. Legg is assistant professor of orthopaedic surgery at Harvard Medical School, and a member of the staffs of the Children's and Chelsea Memorial Hospitals.

'03—Cleveland Floyd, chief examiner in the Division of Tuberculosis of the Boston Health Department, received the degree of Sc.D. from Norwich University on June 8, 1936.

'04—Frederick C. Kidner is president-elect, for the year 1937-38, of the American Orthopedic Association.

'04—Frank H. Lahey of Boston has been chosen president-elect of the American Society for the Study of Goiter.

'05—William E. Eaton was recently selected by a Naval Medical Selection Board for the grade of captain in the Medical Corps and is now on duty attending the senior course of in-

struction at the Naval War College at Newport, R. I.

'06—Channing Frothingham has been elected a member of the Board of Overseers of Harvard University.

'06—William E. Ladd has moved his office to the Children's Hospital, 300 Longwood Ave., Boston, Mass.

'10—Alexander Forbes has been promoted from Associate Professor to Professor of Physiology at the Harvard Medical School.

'10—Richard H. Miller, Assistant Professor of Surgery, has been appointed Clinical Professor of Surgery at the Harvard Medical School. He has been on the staff of the School since 1919, when he was appointed an instructor, and has been assistant professor since 1928.

'11—Somers Fraser has been appointed surgeon-in-chief of the third surgical service of the Boston City Hospital. He has been a member of the surgical visiting staff of the hospital since 1916.

'12—Daniel C. Brennan, chief of staff at St. Thomas' Hospital, Akron, Ohio, is president-elect of the Summit County Medical Society.

'12—Ernest H. Gruening delivered the principal address at the Commencement exercises at the University of Alaska.

'12—George R. Minot, Professor of Medicine at the Harvard Medical School, has been elected an honorary member of the Society of Biological Chemists and vice-presidents of the Association of American Physicians.

'12—Orville F. Rogers, clinical instructor in medicine and associate fellow at Berkeley College, Yale, is director of the Department of University Health at Yale. He has been assistant director of that department since it was created in 1916.

'13—Francis G. Blake, Sterling Professor of Medicine at Yale, received the honorary degree of Sc.D. from Dartmouth College in June.

'13—Francis G. Blake, Sterling Professor of Medicine at Yale, has been elected recorder of the Association of American Physicians.

'13—William R. Morrison, Professor of Clinical Surgery at Boston University School of Medicine, was the principal speaker at the graduation exercises at that school on June 12.

'16—Alan Gregg, director of medical sciences at the Rockefeller Foundation, has been elected an honorary member of Phi Beta Kappa Society.

'16—John H. Waite, Clinical Professor of Ophthalmology at the Harvard Medical School, received in June the honorary degree of Sc.D. from Bucknell University.

'19—Harold Rypins, Secretary of the New York State Board of Medical Examiners, has been made Cavaliere of the Order of the Crown of Italy for services which have resulted in bringing the study of medicine in Italy up to the Regents requirements.



